Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Approved for use through 7/31/2006. OMB 0651-003 2 Substitute for Form PTO-875 Application or Dockel Number CLAIMS AS FILED - PART I (Column 1) (Column 2) OTHER THAN SMALL ENTITY **OR** FOR SMALL ENTITY NUMBER FILED BASIC FEE NUMBER EXTRA (37 CFR 1.16(a)) RATE FEE TOTAL CLAIMS RATE FEE (37 CFR 1.16(c)) OR minus 20 = INDEPENDENT CLAIMS (37 CFR 1.16(b)) OR minus 3 = MULTIPLE DEPENDENT CLAIM PRESENT OR (37 CFR 1.16(d)) "If the difference in column 1 is less than zero, enter "0" in column 2 + \$ OR TOTAL CLAIMS AS AMENDED - PART II OR TOTAL -22-05(Column 1) (Column 2) (Column 3) SMALL ENTITY CLAIMS OTHER THAN OR HIGHEST REMAINING SMALL ENTITY NUMBER PRESENT AFTER PREVIOUSLY RATE ADDI-EXTRA AMENDMENT ENDME PAID FOR RATE TIONAL ADDI-(37 CFR 1.16(c)) Minus FEE TIONAL Independent . x \$ 25 = FEE (37 CFR 1.16(b)) Minus x : 50 = OR x \$/00 = FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) x : 200= 0R 45/BO= OR + 5<u>360</u>= TOTAL ADD'L FEE TOTAL OR (Column 1) ADD'L FEE (Column 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER PRESENT **AFTER** PREVIOUSLY RATE **AMENDMENT** ADDI-EXTRA PAID FOR RATE TIONAL Total ADDI-(37 CFR 1.16(c)) Minus FEE TIONAL Independent (37 CFR 1.16(b)) FEE x s <u>Z5</u> = Minus x \$<u>50</u> = OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) x \$ 100= x \$200= OR +s1B0= +360= OR TOTAL ADD'L FEE TOTAL OR ADD'L FEE

			(Column 1) CLAIMS		(Column 2)	(Column 3)		
1	AMENDMENT		REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA		
18		Total (37 CFR 1.16(c))	•	Minus	PAID FOR			
Ž		Independent	•			=		
ž		(37 CFR 1.16(b))		Minus		= .		
. 4		FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(d))						
MOETIFLE DEPENDENT CLAIM (37 CFR 1.16(d))								

1							
	RATE	ADDI- TIONAL FEE		RATE :	ADDI- TIONAL		
- 1	x 125 =			ļ	FEE		
ŀ		 	OR	x:50=			
-1	x \$100=	l' 1			 		
Γ	4.5		OR	x \$ 200	1. 1		
L	+ \$ /BO=		OR	+360			
4	ADD'L FEE		OR	TOTAL ADD'L FEE			
ler *20*.							

If the entry in column 1 is less than the entry in column 2; write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including galhering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.